

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	82 minus 20 = * 62 <i>New England</i>	
INDEPENDENT CLAIMS	6 minus 3 = * 3	
MULTIPLE DEPENDENT CLAIM PRESENT	X	

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

RATE	Fee	RATE	Fee
	345.00		690.00
OR			
X\$ 9 =		X\$18 =	1116
OR		X78 =	234
X39 =		OR	
+130 =		+260 =	260
TOTAL		OR	TOTAL 2640

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9 =		X\$18 =	
OR		OR	
X39 =		X78 =	
OR		+260 =	
+130 =		TOTAL	
TOTAL ADDITIONAL FEE		ADDITIONAL FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9 =		X\$18 =	
OR		OR	
X39 =		X78 =	
OR		+260 =	
+130 =		TOTAL	
TOTAL ADDITIONAL FEE		ADDITIONAL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9 =		X\$18 =	
OR		OR	
X39 =		X78 =	
OR		+260 =	
+130 =		TOTAL	
TOTAL ADDITIONAL FEE		ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: 9/544392

Total Fee Calculation

Fee Code	Total # Claims	Number Errors	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	<u>201/101</u>				<u>690</u>	-	<u>690</u>
Total Claims >20	<u>203/103</u>	<u>82</u>	-20 -	<u>62</u>	X		<u>1116</u> - <u>1116</u>
Independent Claims >3	<u>202/102</u>	<u>6</u>	-3 -	<u>3</u>	X		<u>2314</u> - <u>2314</u>
Multi. Dep. Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>					<u>130</u> -	<u>130</u>
English Translation	<u>139</u>						

TOTAL FEE CALCULATION 2170

Fees due upon filing the application:

Total Filing Fees Due = \$ 2170.00

Less Filing Fees Submitted - \$ ✓

BALANCE DUE = \$ 2170.00

J. Arce  
Office of Initial Patent Examination

Figure 7